

## STATE of MAINE CHEMICAL INVENTORY REPORTING FORM

Reporting Period: January 1 to December 31, For year \_\_\_\_\_ Page \_\_\_\_ of \_\_\_

Section 1: Facility Data		This report is for an entire facility or part of a facility		
Facility		Emergency Contact #1		
Name:		Title:		
Location:		Telephone: ( ) Type:		
Street Address:		Emergency Contact #2		
City:	State:	Title:		
Zip Code:	County:	Telephone: ( ) Type:		
Mailing Address:		Facility Telephone: ( )		
City:	State:	24 hour Telephone: ( )		
Zip Code:		FAX: ( )		
Owner/Operator:		SIC Code: or NAICS		
Address:		Dun & Bradstreet #		
City:	State:	Latitude: min sec		
Zip Code:		Longitude: min sec		
Telephone: ( )	Type:	Number of Employees/FTEs (see instructions):		
Section 2: Chemical Identifica	tion	if Trade Secret, check here and see instructions, page 2		
Chemical Name:		Pure Mix Solid Liquid Gas		
if mixture, Packaged Brand Name:		MSDS Provided Available:		
CAS:		RTECS #: UN #:		
DOT Hazard Class:		Is this an Extremely Hazardous Substance? Yes No		
Hazard Category: Fire Reactivity Sudden Release of Pressure Immediate (Acute) Delayed (Chronic)				
Section 3: Storage Data if a facility map has been included, che				
Location #1				
Maximum Amount Present: lbs		Days on Site:		
Average Daily Amount in Storage: lbs		Storage Code: - (see instructions, page 4)		
Maximum Capacity per Single Vessel: lbs				
Description of Storage Location:				
Location #2				
Maximum Amount Present: lbs		Days on Site:		
Average Daily Amount in Storage: lbs		Storage Code: (see instructions, page 4)		
Maximum Capacity per Single Vessel: lbs				
Description of Storage Location:				

Location #3			
Maximum Amount Present: lbs		lbs Days on Site:	
Average Daily Amount in Storage: lbs		lbs Storage Code: - (see instructions, page 4)	
Maximum Capacity per Single Vessel: lbs		lbs	
Description of Storage Location:			
Total for all Locations:			
Total Maximum Amount: lbs		lbs Total Daily Average: lbs	
Section 4: Transportation		if a transportation map has been included, check here	
Mode of Shipment:			
Truck Truck Rail Car Tank Car Pipeline Barge Other (specify)			
Frequency of Shipments		per Week Month Year	
Maximum Quantity of Shipments: lbs		lbs	
Average Quantity of Shipments: lbs		lbs Packaging Code: (see instructions, page 4)	
Maximum Capacity per Single Vessel: lbs		lbs Physical State in Transit: Solid Liquid Gas	
Major Transportation/Rail Routes through Maine, from Point of Origin or Entry, to Facility:			
Transportation Carrier Name:		Telephone: ( )	
Address:		Emergency Contact:	
City: Sta	ate: Zip:	24-hour Telephone: ( )	
Section 5: Certification			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the documents, I believe that the submitted information is true, accurate and complete.			
Owner/Operator or Authorized Representative:			
TYPE or PRINT NAME:	_	Title:	
Signature:		Date:	
Remember to:			
		Attention EHS Facilities:	
• Fill out Inventory Fee Work S	heet	• Facility Plan:	
<ul> <li>Fill out Inventory Fee Work S</li> <li>Send copies of this form to:</li> <li>✓ your local fire department,</li> </ul>		• Facility Plan:  ✓ Date of Last Update:	
<ul> <li>Fill out Inventory Fee Work S</li> <li>Send copies of this form to:</li> <li>✓ your local fire department,</li> <li>✓ your county Emergency Ma</li> </ul>	nnagement Agency	• Facility Plan:  ✓ Date of Last Update:  ✓ LEPC Review/Acceptance Yes No	
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